

# **Exhibit 4**

Doc code: Oath

Document Description: Oath or declaration filed

PTO/AIA/02 (07-13)

Approved for use through 04/30/2017. OMB 0651-0032

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<b>SUBSTITUTE STATEMENT IN LIEU OF AN OATH OR DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)</b>			
<b>Title of Invention</b>	Directed Wireless Communication		
This statement is directed to: <input type="checkbox"/> The attached application, OR <input checked="" type="checkbox"/> United States application or PCT international application number <u>13/855,410</u> filed on <u>04/02/2013</u> .			
<b>LEGAL NAME of inventor to whom this substitute statement applies:</b>			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname) <div style="text-align: center;">Marcus Da Silva</div>			
Residence (except for a deceased or legally incapacitated inventor):			
City Spokane	State WA	Country United States of America	
Mailing Address (except for a deceased or legally incapacitated inventor):			
5510 East 25th			
City Spokane	State WA	Zip 99223	Country United States of America
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.  The above-identified application was made or authorized to be made by me.  I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.			
Relationship to the inventor to whom this substitute statement applies:			
<input type="checkbox"/> Legal Representative (for deceased or legally incapacitated inventor only), <input checked="" type="checkbox"/> Assignee, <input type="checkbox"/> Person to whom the inventor is under an obligation to assign, <input type="checkbox"/> Person who otherwise shows a sufficient proprietary interest in the matter (petition under 37 CFR 1.46 is required), or <input type="checkbox"/> Joint Inventor.			

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**SUBSTITUTE STATEMENT**

Circumstances permitting execution of this substitute statement:

- ☐ Inventor is deceased,
- ☐ Inventor is under legal incapacity,
- ☒ Inventor cannot be found or reached after diligent effort, or
- ☐ Inventor has refused to execute the oath or declaration under 37 CFR 1.63.

If there are joint inventors, please check the appropriate box below:

- ☒ An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) naming the entire inventive entity has been or is currently submitted.

OR

- ☐ An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).

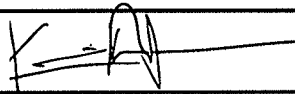
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**PERSON EXECUTING THIS SUBSTITUTE STATEMENT:**

Name: Kai Hansen Date (Optional):

Signature:


**APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:**

If the applicant is a juristic entity, list the applicant name and the title of the signer:

Applicant Name: XR Communications, LLC D/B/A Vivato Technologies

Title of Person Executing  
This Substitute Statement:

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**Residence of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent):**

City: San Diego State: CA Country: United States of America

**Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent)**

6260 Sequence Drive; Suite 100

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<b>LEGAL NAME of inventor to whom this substitute statement applies:</b>			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname) <div style="text-align: center;">William J. Crilly, Jr.</div>			
Residence (except for a deceased or legally incapacitated inventor):			
Liberty Lake <small>City</small>	WA <small>State</small>	United States of America <small>Country</small>	
Mailing Address (except for a deceased or legally incapacitated inventor):			
23825 E. 2nd Avenue Ct.			
Liberty Lake <small>City</small>	WA <small>State</small>	99019 <small>Zip</small>	United States of America <small>Country</small>
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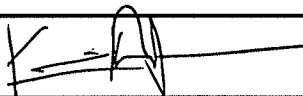
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Signature:


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(E.g., Given Name (first and middle (if any)) and Family Name or Surname) <div style="text-align: center;">Robert J. Conley</div>			
Residence (except for a deceased or legally incapacitated inventor):			
City Liberty Lake	State WA	Country United States of America	
Mailing Address (except for a deceased or legally incapacitated inventor):			
23326 E. 2nd Avenue			
City Liberty Lake	State WA	Zip 99019	Country United States of America
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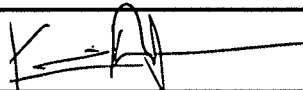
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Signature:


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<b>LEGAL NAME of inventor to whom this substitute statement applies:</b>			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname) <div style="text-align: center;">Siavash Alamouti</div>			
Residence (except for a deceased or legally incapacitated inventor):			
City Spokane	State WA	Country United States of America	
Mailing Address (except for a deceased or legally incapacitated inventor):			
2123 West 1st Ave., Apt 3			
City Spokane	State WA	Zip 99204	Country United States of America
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Name: Kai Hansen Date (Optional):

Signature:


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<b>LEGAL NAME of inventor to whom this substitute statement applies:</b>			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname) <div style="text-align: center;">Eduardo Casas</div>			
Residence (except for a deceased or legally incapacitated inventor):			
City Vancouver	State BC	Country Canada	
Mailing Address (except for a deceased or legally incapacitated inventor):			
7542 Ontario Street			
City Vancouver	State	Zip V5X3C2	Country Canada
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.  The above-identified application was made or authorized to be made by me.  I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.			
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City Spokane	State WA	Country United States of America	
Mailing Address (except for a deceased or legally incapacitated inventor):			
2415 N. Cherry Street, Apt. 23			
City Spokane	State WA	Zip 99216	Country United States of America
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- ☐ Inventor is deceased,
- ☐ Inventor is under legal incapacity,
- ☒ Inventor cannot be found or reached after diligent effort, or
- ☐ Inventor has refused to execute the oath or declaration under 37 CFR 1.63.

If there are joint inventors, please check the appropriate box below:

- ☒ An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) naming the entire inventive entity has been or is currently submitted.

OR

- ☐ An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).

**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

**PERSON EXECUTING THIS SUBSTITUTE STATEMENT:**

Name: Kai Hansen Date (Optional):

Signature:


**APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:**

If the applicant is a juristic entity, list the applicant name and the title of the signer:

Applicant Name: XR Communications, LLC D/B/A Vivato Technologies

Title of Person Executing  
This Substitute Statement:

The signer, whose title is supplied above, is authorized to act on behalf of the applicant.

**Residence of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent):**

City San Diego State CA Country United States of America

**Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent)**

6260 Sequence Drive; Suite 100

City San Diego State CA Zip 92121 Country United States of America

Note: Use an additional PTO/AIA/02 form for each inventor who is deceased, legally incapacitated, cannot be found or reached after diligent effort, or has refused to execute the oath or declaration under 37 CFR 1.63.